

**OHIO DEPARTMENT OF HEALTH
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT
STATISTICAL INFORMATION
JANUARY 1, 2022 - DECEMBER 31, 2022**

Please Return to: Ohio Department of Health
OHAL/LICENSURE
246 N. High St - 3rd Floor
Columbus, OH. 43215-2412

This report must be returned by March 1, 2023

Completion of this report is required pursuant to section 3701.07 of the Ohio Revised Code.

SCHEDULE A. IDENTIFICATION

Name of Hospital	Hospital Registration Number
Upper Valley Medical Center	1036
Medicare Name (if different from registration)	National Provider Identifier
	1184638942
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
3130 N. Dixie Highway, Troy, OH 45373	360174

Telephone Number: (937)440-4541

County:

MIAMI

Mailing address: (if different from above):

3130 N. County Road 25A, Troy , OH 45373

Hospital E-Mail Address: sabuehler@premierhealth.com

Name of Chief Executive Officer	Title	
Mr. Kevin W. Harlan	President	
Name of person submitting report	Title	Telephone Number:
Shelly Buehler	Regulatory & Accreditation Specialist	(937)440-4703

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: 8/27/2021

Healthcare Facilities Accreditation Program (HFAP)

Date of last accreditation survey: _____

Det Norske Veritas (DNV)

Date of last accreditation survey: _____

Medicare Certification (if not accredited by other entities prior)

Date of last certification survey: _____

Satellite Units:

Indicate name, address, county and zip code of each satellite unit owned and operated by the hospital (i.e. Emergency Medical Center, Surgery Center, Ambulatory Care Center, Hospice) which is a separate and distinct entity but is not independently registered. (satellite unit is defined in OAC 3701-59-01 (OO))

Additional information required:

types of services provided and total number of patients treated (on an outpatient basis) for each type of service.

Name of Satellite Unit:

Hyatt Center

County:

MIAMI

Address (street address, city, state)450 N. Hyatt Street
Tipp City, OH**Zip Code:**

45371

TYPES OF SERVICES PROVIDED:**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

5370

Other (Outpatient Surgery)

1298

Therapy Services

9963

Name of Satellite Unit:

Outpatient Care Center North

County:

MIAMI

Address (street address, city, state)280 Looney Road
Piqua, OH**Zip Code:**

45356

TYPES OF SERVICES PROVIDED:**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

4578

Therapy Services

10757

Name of Satellite Unit:

Outpatient Care Center South

County:

MIAMI

Address (street address, city, state)988 S. Dorset Road
Troy, OH**Zip Code:**

45373

TYPES OF SERVICES PROVIDED:**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

Diagnostic radiology

1452

Therapy Services

16480

Name of Satellite Unit:

Sidney Center

Address (street address, city, state)1529 Fair Road
Sidney, OH**TYPES OF SERVICES PROVIDED:**Therapy Services

County:

SHELBY

Zip Code:

45365

**TOTAL PATIENTS TREATED FOR
EACH SERVICE TYPE**3954

Name of Satellite Unit:

Stanfield Place

Address (street address, city, state)31 Standfield Place
Troy, OH**TYPES OF SERVICES PROVIDED:**Diagnostic radiology

County:

MIAMI

Zip Code:

45373

**TOTAL PATIENTS TREATED FOR
EACH SERVICE TYPE**702

SCHEDULE B. CLASSIFICATION

1. Indicate the type of organization responsible for establishing policy concerning overall operation of your hospital.

CHECK ONLY ONE

Government
Non-Federal

Non-Government
Not-For-Profit

Investor-Owned
For-Profit

☐

State

☐

Church-Operated

☐

Individual

☐

County

☒

Other Not-For Profit

☐

Partnership

☐

City

☐

Corporation

☐

City-County

☐

Hospital District or Authority

2. Is this hospital part of a multi-hospital system?

☒

Yes

☐

No

Name of System: Premier Health

3. Medicare Hospital Classification:

☒

Short-term acute care

☐

Psychiatric

☐

Rehabilitation

☐

Critical Access

☐

Long-term acute care

☐

Children's

4. Hospital's primary or specialty classification (if different from Medicare):

☒

General

☐

Heart

☐

Alcohol and drug

☐

Children's

☐

Burn Care

☐

Rehabilitation

☐

Cancer

☐

Psychiatric

☐

Other:

5. Business name and Medicare certification number or state licensure number, if entities below are contained within hospital:

Distinct-part psychiatric unit

Distinct-part rehabilitation unit

36-T174

Transplant center

Maternity unit

UPPER VALLEY MEDICAL CENTER (0167MAT)

SCHEDULE C. FACILITIES AND SERVICES

Hospital Service				Inpatient	Outpatient
Not Available	In House	Contracted	Shared		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Surgical Services

Number of Surgical Cases	610	3639
Number of Surgical Operating Rooms	7	3
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)	10	
Total Operating Rooms Onsite	7	
Total Operating Rooms Offsite	3	

Emergency Services

Number of Patients:	
Treated and admitted to hospital	4572
Treated in ER and released	23172

CARDIAC SERVICES

Number of cardiac catheterizations performed:

Pediatric	0
Adult	255

Number of adult open-heart surgical procedures:	0
Number of pediatric cardiovascular surgery procedures:	0

OBSTETRIC AND NEWBORN DESIGNATION

Level designation of obstetric services	Level 2
Level designation of newborn	Level 2

TRAUMA LEVEL DESIGNATION

(As verified by American College of Surgeons)

Adult Trauma Level Designation	Level 3
Pediatric Trauma Level Designation	Not available

SCHEDULE D. BEDS AND UTILIZATION

1. Inpatient Services

Bed Category	Number of Admissions (including Transfers)	Patients Days of Care	Beds in Use
Adult medical/surgical	4192	16115	47
Adult special care (ICU/CCU)	251	1914	6
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I			
Newborn care– level II	541	1151	3
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II	547	1265	3
Obstetrics - level III			
Pediatric general			
Pediatric Intensive (PICU)			
Physical rehabilitation	161	1670	4
Psychiatric	600	2251	6
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	6292	24366	69

SCHEDULE D. BEDS AND UTILIZATION (continued)**2. Inpatient Discharges (indicate the number of inpatients discharged by category)**

Home without referral to Home care or Hospice Service	3533
Home with referral to Home care	1207
Home with referral to Hospice Care Program	41
To Inpatient Service of a Hospice Care Program	99
Transfers to Other Hospitals	485
Transfers to A Nursing Home	794
Expired	148
TOTAL DISCHARGES	6307

SCHEDULE E. HOSPITAL PERSONNEL**1. Licensed or Certified Professional Employees**

Total Number of
Employees

Total F.T.E.'s
(Includes part-time
& full-time staff)

All other licensed professional/tech staff	55	22.70
Certified Nurse Practitioner		
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist	3	2.75
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)		
Interns	6	0.60
Licensed practical nurses	14	10.20
Medical social workers (exclude psych.)	7	4.30
Medical Technician		
Medical technologists		
Nursing assistants	93	47.50
Occupational therapists	6	6.00
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed	10	8.86
Pharmacy technicians	9	7.50
Physical therapists	30	20.60
Physician assistants		
Psychiatric social workers	9	2.40
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians	58	40.60
Registered nurses	341	241.20
Residents		
Respiratory therapists	33	21.18
Salaried physicians		
Speech/audiology therapists	3	1.20
TOTALS:	677	437.59

SCHEDULE E. HOSPITAL PERSONNEL (CONTINUED)

2. Medical Staff (Count specialization only once)	Number of Active/Associate Medical Staff	Number of Board Certified Active/Associate Medical Staff	Number of House Staff	Number of House Staff in ACGME or AOA approved training positions	Number of House Staff in ADA approved training positions
Allergy / immunology					
Anesthesiology	13	11			
Cardiology	33	23			
Dentistry					
Dermatology					
Emergency medicine	96	76			
Family Medicine	38	34			
Family practice					
Gastroenterology	4	2			
General internal medicine	120	104			
General medicine rotation program					
General practice					
Hematology	15	11			
Neonatology	4	4			
Neurology	25	2			
Nuclear medicine					
Obstetrics and gynecology	12				
Oncology	1	1			
Ophthalmology	2	2			
Other medical specialties	36	33			
Otorhinolaryngology	8	6			
Pathology	13	12			
Pediatrics	9	7			
Physical medicine	3	3			
Podiatry	11	10			
Psychiatry	10	7			
Radiology	59	45			
Rheumatology					
Surgery: cardiovascular	3	3			
Surgery: colon and rectal					
Surgery: general	16	14			
Surgery: neurological	2	1			
Surgery: orthopedic	16	12			
Surgery: other surgery specialties	2	2			
Surgery: plastic	1	1			
Surgery: rotation program					
Surgery: thoracic	4	4			
Urology	4	3			
TOTAL:	560	433	0	0	0

PATIENT'S COUNTY (OR STATE IF OTHER THAN OHIO) OF RESIDENCE AT TIME OF ADMISSION
(REPORTED IN THE AGGREGATE)

ADAMS	GEAUGA	MIAMI 4398	VINTON
ALLEN 11	GREENE 16	MONROE	WARREN 6
ASHLAND	GUERNSEY	MONTGOMERY 221	WASHINGTON
ASHTABULA	HAMILTON 1	MORGAN	WAYNE
ATHENS	HANCOCK 2	MORROW	WILLIAMS
AUGLAIZE 61	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON	NOBLE	WYANDOT
BROWN 1	HENRY	OTTAWA	OTHER STATES
BUTLER 2	HIGHLAND 4	PAULDING	INDIANA 9
CARROLL	HOCKING	PERRY	KENTUCKY 2
CHAMPAIGN 154	HOLMES	PICKAWAY	MICHIGAN 1
CLARK 71	HURON	PIKE 1	PENNSYLVANIA 1
CLERMONT	JACKSON	PORTAGE	WEST VIRGINIA
CLINTON 6	JEFFERSON	PREBLE 8	OTHER STATE 19
COLUMBIANA	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD	LAWRENCE	ROSS 2	
CUYAHOGA	LICKING	SANDUSKY	
DARKE 631	LOGAN 24	SCIOTO	
DEFIANCE	LORAIN 1	SENECA	
DELAWARE	LUCAS 3	SHELBY 637	
ERIE	MADISON 1	STARK	
FAIRFIELD 1	MAHONING	SUMMIT	
FAYETTE 2	MARION	TRUMBULL	
FRANKLIN	MEDINA	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER 25	VAN WERT	

AFFIDAVIT

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL

Report period FROM: 1/1/2022 TO 12/31/2022 INCLUSIVE

I hereby certify that the statements made in the foregoing report are true to the best of my knowledge and belief.

(AHR Online Submission)

(Signature)

Shelly Buehler

(Name)

Regulatory & Accreditation Specialist

(Title)

(937)440-4703

(Phone)

2/24/2023

(Date Report Signed)